

North Regional (Region 1) Time Sensitive Emergency (TSE) Committee

Meeting Minutes

February 20, 2015

Opening

The regular meeting of the North Regional (Region 1) Time Sensitive Emergency (TSE) Committee was called to order at 1000 on February 20, 2015 at Kootenai Health by Chris Way.

Present

Chris Way, Mike May, Julie Hoerner, Christian Surjan, Bill Holstein, Jamie Karambay, D'arcy Luckett, Matthew Dudley, Nick Mechikoff, Shelly Mattson, Sue Donaghue, Eric Chun, Bill Keely, Donna Kalanick, Bob Montgomery, Mike Taylor, Reny Hansen, Dominic Pompanio, Casey Meza

Approval of Agenda

Motion to approve agenda by Bill Holstein, seconded by Eric Chun. Approved unanimously.

Approval of Minutes:

A request was made to correct the spelling of Dr. Tom Nickol's name. Motion to approve minute with correction by Nick Mechikoff, second by Robin Shaw. Approved unanimously with requested change.

Open Issues

1. TSE State-wide Meeting Update - Chris Way

Chris discussed his participation in the above productive meeting 2/10/15. This was the first meeting including 4 of the 6 regional chairs.

Trauma: The Standards Manual was signed into Law for Level I-V Trauma Standards, patterned off the 2006 American College of Surgeons (ACS) criteria. KH, Portneuff and EIRMC will all be able to be Level II trauma centers under this model.

STEMI: The council worked on STEMI Level standards, which are based on the Washington standards(Nicole to email out to the group)

Stroke: Three levels of stroke care were approved by TSE workgroup (based on the Washington standards) but not yet signed into law. The group is considering making it an emergency rule prior to signing into law in order to begin verification process by this summer.

The Council will meet monthly until July and then most work transfers to regional councils. For more information, see the TSE Council minutes at <http://tse.idaho.gov/>

2. TSE Program Update – Christian Surjan
 - Stroke criteria – the group had been waiting for Neurology experts to weigh in. They have done that, so the guidelines are now completed. They will be sent out to the Regions for input.
 - The Trauma criteria passed in the House on Monday and in the Senate Thursday with one opposed vote. **The Trauma Standards Manual is now Law.** The plan is to begin Trauma designations in July once the infrastructure is in place.
 - Need Stroke and STEMI input from Regional councils by April 7th.
 - Regional updates – All regions have had their first meeting. Region 1 needs strong participation. If you know someone who is not here who should be, please invite them.
 - Learnings from regions farther ahead than we are– get county dispatch involved.

Old Business

none

New Business

1. Establish Bylaws
 - Discussion move into “establish subcommittees” below
2. Membership
 - Need to encourage MD involvement. Need to encourage Benewah Co involvement – none yet. No rep from Boundary Co today. Consider using telemedicine for traveling entities to increase attendance. Would like to have Administration from other hospitals attend periodically and get updates for buy-in.
3. Establish Subcommittees
 - a. Bylaws - the goal is to have a completed set of bylaws by April meeting. Volunteers were solicited for this group:
 - Chris Way (Chair), Sue Donaghue, Bill Holstein, Ben Suttlemyre, Eric Chun, Julie Hoerner, Casey Meza.Starting point template has been provided. The black print is taken from Idaho code and has to be included by law. The Red print is suggested language. Bylaws group will meet 3/5 0830-1030 at KCEMSS office.

- b. QI/QA – Look at Trauma/Stroke/Stemi – treatment appropriateness (pre to post hospital), appropriate level of trauma,
Bill Keely (Chair), D’arcy Luckett, Jamie Karambay, Mike May, Dominic Pomponio, Mark McGahan, Mike Taylor, Casey Meza.

The group will bring in subject matter experts for various meetings or times.

- c. Protocol/Policy-

Tom Nickol, Ben Suttlemyre, Julie Hoerner, Dominic Pomponio, Shelley Mattson, Chris Way, Bill Holstein.

Tentative chair – Nickol – to be confirmed at next meeting

- d. Regional Consultation group – to assist hospitals with preparing for designation. Discussion centered around a better option might be development of a toolkit at the state level.
- e. Education Subcommittee – initially will work on educating on TSE and verification, and then move more toward education focus for our region, prehospital and hospital.

Jamie Karambay (chair), Bill Holstein, Dominic Pomponio, D’arcy Luckett,

There was a request to offer non-travel options for increased involvement - Go-to meeting, telehealth, fire chiefs. Each committee will work with their team on best option for communicating/meeting. Julie will send out an email contact list to each team. All subcommittee are subject to the Idaho open meeting law, which Julie will send out to subcommittee chairs.

Discussion surrounded should we have separate subcommittees for Trauma, Stroke, STEMI. Decision that its too soon to ascertain until the committees make some strides on committee form and function.

4. Region 2 Involvement

Requested Latah Co to be involved in Region 1 because of geographic location. In the future will need to have some mechanism for Region 1 and Region 2 QA integration because of the geographic crossover of pts. Matthew Dudley, Region 2 QI chair, stated he will work with Region 1 QA chair on a mechanism to do that.

- 5. Dispatch Center Involvement – discussion surrounding the importance of dispatch’s involvement in the Region’s development because of their role in sending EMS to scene. Lesson learned from Regions farther along is that it is important to have some dispatch involvement. Consider adding flight program

dispatch, LE enforcement dispatch, etc. Medstar volunteered a dispatcher to QA committee. The decision is to inform and invite dispatch to the Region 1 general meetings, and as needed include dispatch in process-building if a committee member is not able to speak to dispatch process.

6. Region 1 Facilities Anticipated Involvement

Chris made a request for members to go back to hospital CEOs/Leadership and get some idea of their intentions for designation, do a needs assessment, determine cost concerns, and be prepared to present or speak to it at our next meeting

Casey Meza announced that Kootenai Health is ready to provide any resources to assist in development of program (contact Casey Meza).

Christian mentioned that designation costs would be offset by the ability to charge for trauma team activation.

IHA has committed to annually extrapolate trauma data for critical access hospitals who do not have their own registry/registrar. The hope is that this will also be developed for Stroke/STEMI

7. TSE Community Needs Assessment

Is there a need to do a needs assessments of our healthcare community to help them determine what they need to become designated. It was decided that we first need to determine all EMS agencies and Hospitals' capabilities. It was agreed to table this until next meeting to allow for other Regions' (S. Central, and Region 2) development of a template that could be utilized in Region 1.

Agenda for Next Meeting

TSE Community Needs Assessment

Stroke/STEMI input from Regional Councils due April 7th

Deliverables

-Outlook calendar apt for everyone on mailing list (Julie)

-Mail out Stroke/Stemi criteria for input (Nicole)

-Email contact list for each committee (Julie)

Adjournment

Motion to adjourn by Bill Holstein, seconded by Robin Shaw. Meeting was adjourned at 1128 by Chris Way. The next general meeting will be at **1000 on March 20, 2015, in Kootenai Health Boardroom (Kootenai Services Building)**

Minutes respectfully submitted by:

Julie Hoerner, Region 1 Secretary